

## CHAPTER 17. OUTPATIENT CARE-STAFF

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RESCISSIONS

The following material is rescinded:

1. COMPLETE RESCISSIONS

a. Manuals

Changes 111, 137, 145, 156, M-1, part I

Chapter 17, dated December 21, 1970, and changes 1 through 6 and erratum, changes 7 through 10 and erratum, and changes 11 through 16, M-1, part 1.

b. DM&S Circulars

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Cir. 10-74-13

Cir. 10-74-245

Cir. 10-76-181

Cir. 10-85-40} by chg. 6

Cir. 10-85-85} by chg. 6

c. Interim Issues

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## CHAPTER 17. OUTPATIENT CARE-STAFF

## SECTION 1. SCHEDULING, RECEPTION AND ROUTING

## 17.01 SCHEDULING

- a. Patient scheduling systems are required at all VA medical centers. The methodology for implementation will be designed subject to individual facility needs as determined by the Director, to minimize patient waiting time and to consolidate patient appointments on the same day whenever possible. Block scheduling systems will not be used.
- b. The Scheduling activity will schedule examinations, treatments and/or services to insure that, insofar as possible, the patient will receive all pending services during one visit with a minimum of waiting time between services.
- c. The Scheduling activity will schedule more patients to report than normally could be accepted by the available staff. The degree of overscheduling will be consistent with past experiences as to the number of patients normally failing to report. Periodic studies will be made to determine the need for changes in overscheduling. The amount of overscheduling will be approved by the Chief of Staff or designee.
- d. Patients will be scheduled at specific time intervals, based on determination of time required for each patient to complete the visit at one clinic. Scheduling all patients, or groups of patients to the same physician, dentist, technician or therapist at the same time is not an acceptable practice. Exceptions are, clinics where group therapy or group instructions are given or, for the purpose of overscheduling, when two patients may occasionally be scheduled for the same time.
- e. The scheduling system will assure minimal waiting time for patients with scheduled visits. Patients should normally not be required to wait more than 30 minutes before they receive scheduled treatment, examination and/or services.

## 17.02 APPOINTMENTS

- a. A daily appointment plan will be prepared, utilizing the full resources of physicians, dentists and others (full-time, part-time, consultants, attendings, etc.) and for appropriate ancillary services. The appointment plan will be subdivided into appropriate time intervals throughout the total workday.
- b. All outpatients will be given advance appointments whenever possible. All appointments will be made by the Scheduling activity. Recommendations for recall of patients should normally be couched in a general time frame, i.e., "recall in approximately 1 month." Requests by the staff for appointments at a specific time and date should be avoided but will be made when it is professionally justified. Proposed recall appointments will be discussed with the patient if present in the clinic or if telephone contact with the Scheduling activity. The date and time selected should be convenient to the patient.
- c. Appointments will be recorded on an appropriate scheduling medium. Completed schedules will be disposed of in accordance with DM&S Records Control Schedule 10-1.
- d. A copy of the daily appointment schedule for each clinic or physician will be distributed to that clinic or physician prior to the beginning of the clinic session. Copies of all appointment schedules will additionally be forwarded to the main Reception activity on the day prior to the scheduled date.
- e. The scheduling system will assure availability of each patient's medical record prior to commencement of the clinic session. Records will be returned to the Medical Records Files Unit, or to the activity from which they were originally obtained by the next workday.
- f. When necessary treatment is to be performed at another VA facility, the Chief of Medical Administration Service at the releasing facility after obtaining acceptance from the receiving facility will forward the medical record to the receiving facility.

The veteran will be advised by the releasing facility that a referral has been made. The receiving facility will notify the veteran of appointment time and date to report for followup.

g. Under no circumstances will a veteran be released from outpatient care when referred from another VA facility without benefit of examination, except where the veteran has failed to report for scheduled appointments as described in paragraph 16.11.

#### **17.03 RECEPTION**

a. Reception areas are normally the first places the veterans and the general public make contact with the VA. These areas should not only be functional but esthetically pleasing. Reception areas should be easily accessible to patients who arrive either by private or public transportation, and to the extent possible, free from architectural barriers. The areas will be in prime space, preferably on the ground floor and in the building a patient would logically enter as he or she approaches the hospital or clinic. Reception areas will be made physically comfortable, with particular attention given to cleanliness, attractive and comfortable furniture, temperature and ventilation control, seating arrangement, restroom facilities, paintings or pictures, plants, lighting, draperies, magazines, public telephones, music, etc. Reception areas and all other areas and offices frequented by patients and the general public will be periodically updated with modern equipment, furnishings, and decorating materials. Prescribed posters regarding veterans' medical benefits will be prominently displayed. If notices must be posted on walls they will be kept to a minimum, and signs restrictive or prohibitive in nature will be avoided. Reception areas should be located to facilitate flow to and from physicians, clinics, services, and offices. The medical center or clinic Director is responsible for assigning space for reception functions which will most adequately meet these criteria. In exercising this responsibility he/she will be guided by the principle that patient reception and care are primary considerations and that the location of all other administrative offices not directly concerned with reception activities is of secondary importance.

b. The Reception activity is responsible for receiving, interviewing and routing all persons who report for outpatient treatment or examination, and the clerical processing and preparation thereto. This includes initiation of the required forms prior to referral to professional services. Precautions will be taken to prevent spread of infection when individuals with contagious diseases report to the clinic. It is important that applicants and others receive prompt, courteous and helpful assistance. Careful questioning will assure prompt and correct referrals. Giving complete information, furnishing clear, concise instructions and reducing waiting time to a minimum will expedite patient flow, reduce clinic congestion and help maintain favorable public impressions of the VA medical program.

c. An applicant will not be expected to furnish information of a personal or confidential nature in public; therefore, privacy to the extent necessary to accomplish interview will be maintained. Although records must be readily available to both administrative and professional personnel, appropriate measures will be taken to insure that they are not accessible to the applicant or other unauthorized personnel.

d. When the veteran indicates a change of address from that shown on VA records, VA Form 572, Request for Change of Address, will be completed and forwarded to the appropriate regional office if the veteran is in receipt of monetary benefits. A notation of the change will be made in all active medical records.

e. Veterans receiving care in an authorized outpatient program will be furnished required examinations, treatments, rehabilitative services, medications and supplies for which they are eligible, and which have been ordered by the responsible physician. Beneficiary travel will be provided when eligibility requirements are met. Program controls as stated in VA procedures will be followed.

#### **17.04 ROUTING**

Prepare VA Form 10-2875-1 or 10-2875-2, Outpatient Routing and Statistical Activity Record, as appropriate, in accordance with instructions in appendix 17A. Routing will be closely coordinated with the local appointment system so that waiting time will be minimized and the time of clinic staff used effectively. Escort service will be provided when necessary.

17.05-17.06 (Reserved.)

## SECTION II. OUTPATIENT TREATMENT-SERVICE CONNECTED (OPT-SC)

### 17.07 GENERAL

- a. Title 38, CFR 17.60(a) and (b) and 17.123 authorize the furnishing of medical and dental services for SC (service-connected) disabilities or conditions adjunct thereto. For the purposes of this section, any disability of a Spanish-American War veteran is considered SC. (See 38 CFR 17.60(d).)
- b. Title 38, CFR 17.60(h) authorizes the furnishing of medical services for NSC (nonservice-connected) conditions of veterans adjudicated as having service-connected disabilities rated 50 percent or more. Outpatient dental care can be provided for a condition associated with and aggravating an SC condition. It may also be provided for an NSC dental condition for which treatment has been started during a period of inpatient care when a professional determination has been made that continuation of such dental care was necessary following discharge.
- c. Veterans participating in a rehabilitation program, which includes a program of vocational rehabilitation or a program of independent living, as defined in 38 U.S.C. ch. 31, are entitled to receive any outpatient medical and dental services medically determined to be necessary for the individual to continue with the program. Treatment will be authorized under authority of 38 CFR 17.60(c) and/or 17.123(i).

### 17.08 POLICY

- a. OPT (outpatient treatment) for SC conditions will be provided to the fullest extent for the usual curative and maintenance purposes. In addition, care will be afforded to preclude or limit regression and/or the need for hospitalization. All necessary resources of the VA medical program will be used in this objective.
- b. Treatment will be furnished, to the extent practicable, on a staff basis at the VA facility with appropriate facilities nearest the patient's home. Veterans receiving OPT care at a VA facility who need supplemental diagnostic services that cannot be provided economically at that VA or other VA health care facility will be provided those services on a fee or contract basis using that facility's regular medical care operating funds. Veterans receiving OPT care at a VA facility who need supplemental treatment services that cannot be provided economically at that VA or other VA health care facility will be provided those services on a fee or contract basis using fee medical funds. These supplemental treatment services will be authorized by the clinic of jurisdiction. If no outpatient care is going to be provided to the otherwise eligible veteran because the VA facility is incapable of providing economical care because of geographical inaccessibility or the unavailability of the needed service, the VA health care facility will refer the veteran to the appropriate clinic of jurisdiction for placement on a fee medical program.
- c. Any treatment and/or examination that is professionally indicated in the preparation of a veteran requesting hospitalization for an SC condition will be accomplished on an OPT-SC basis.
- d. Veterans properly enrolled in the OPT-SC program will be furnished required examinations, treatment, rehabilitative services, medications and supplies to which they are legally eligible, and which have been ordered by the responsible physician. Appropriate beneficiary travel will be authorized and provided upon request.

### 17.09 PROCEDURES

- a. Applicants will be assisted by reception personnel, if necessary, in completing the application for medical benefits. Every effort will be made to obtain complete information so that establishment of eligibility and subsequent authorization will be expedited (see ch. 4 of this manual). If action can be taken without delay on an application for treatment, eligibility will be determined, appropriate records completed and required care authorized. Additional instructions for processing applications and determining eligibility are in chapter 16 for medical care and in chapter 19 for dental care. In no instance will an applicant who has been determined to be eligible be dismissed without being referred to a physician.

b. Preparation of a formal application for OPT is not necessary when treatment has been recommended following a period of hospitalization. VA Form 10-1000, Discharge Summary, will include recommendations for treatment.

17.10-17.12 (Reserved.)

#### **SECTION 111. OUTPATIENT TREATMENT-PRE-BED CARE (OPT-PBC)**

##### **17.13 GENERAL**

Certain veterans may be furnished prehospital outpatient services under the authority of 38 CFR 17.60(e). The objective is to permit the VA to use hospital beds more effectively by reducing length of stay. Under this program there may be a complete workup on an outpatient basis in preparation for hospitalization in a manner similar to private practice. Preparatory diagnostic procedures must be completed in a relatively short period prior to admission if the results are to be of clinical value for the scheduled hospitalization.

##### **17.14 POLICY**

a. Patients will not be placed in the OPT-PBC program unless there is a firm decision that hospital admission is required and that the patient will be admitted within 30 days.

b. Applicants placed in the OPT-PBC program will be admitted within 30 calendar days. This period may be extended by 15 additional days if a suitable bed is not available. Veterans scheduled for admission from a waiting list may be placed in the OPT-PBC program in preparation for a scheduled admission, subject to a 15-day time requirement.

c. Patients in a PBC status may receive examination and treatment (including medications and supplies) to prepare them for the scheduled episode of hospital care. Dental prostheses, wheelchairs, artificial limbs, trusses and similar appliances, and clothing may not be furnished prior to admission.

d. Generally, the admitting hospital staff will provide PBC. By agreement between the respective Directors, another VA medical center or clinic may provide PBC when the best interests of the veteran and the VA will be served. Necessary records will be forwarded to the assisting medical center or clinic. When PBC is completed, all records will be returned to the admitting medical center.

e. A patient will not be placed or retained in the PBC program for education, research, or training purposes.

f. A veteran who is entitled to outpatient care under 38 CFR 17.60(a) through (d), 17.60(g) through (i) and (k), and 17.123 will not be placed in this program. Any prehospital workup will be authorized in accordance with sections 11 and V.

g. The Associate Chief of Staff for Ambulatory Care or Chief Ambulatory Care Section, or other appropriately designated physician at facilities not having either of these two positions will have primary responsibility for placement of applicants in the PBC program. Consultation assistance will be provided as necessary by appropriate members of the staff.

h. Veterans properly enrolled in the PBC program will be furnished required examinations, treatment, rehabilitative services, medications, and supplies to which they are legally eligible, and which have been ordered by the responsible physician. Beneficiary travel will be provided when eligibility requirements are met.

##### **17.15 PROCEDURES**

a. An applicant placed in the OPT-PBC program will have the intent of the program explained. (A tentative date for admission will be given at this time, and adequate controls will be maintained to ensure adherence to the established time limits.) Appointments will be scheduled for additional prescribed procedures so that diagnostic data will not be outdated at time of admission



b. "PBC" will be prominently stamped on the application for hospital care and a locator card will be prepared. A medical records folder will be initiated to hold PBC records and VA Forms 10-1124w and 10-1124 will be prepared. Use SF 509, Medical Record-Progress Notes, to record clinical findings and comments made subsequent to the initial examination. Completed PBC reports will be forwarded to the Reception activity for professional review and necessary action. These reports will be filed with the patient's other PBC records.

c. For admission from OPT-PBC, follow routine admission procedures and priority for admission as provided in [M-1, Part 1, Chapter 4]. Source of admission will be "PBC." The application and related administrative records will be filed in the patient's administrative records folder. The medical certificate of the application and other PBC medical records will be filed in the VA medical records folder.

d. Scheduled admission from PBC status will be canceled when hospital care is no longer indicated.

#### 17.16 STATISTICAL REPORTING

a. A heading entitled "ADMISSIONS FROM PBC STATUS" will be inserted under "GAINS" on the gains and losses sheet. (It should be noted that a veteran in PBC status is an outpatient and is not an inpatient until becoming a bed occupant.)

b. In order that statistics may be accumulated for reporting purposes, a separate section of the gains and losses sheet may be created immediately following the bed census report and entitled "PBC Report." This may be used to record the activity of patients, by name, in PBC status under the appropriate heading of "GAINS" or "LOSSES." A recapitulation may also be given, as required for local management purposes, showing such information as (1) number remaining from previous report; (2) gains; (3) admitted as scheduled; (4) other losses, specifying reasons; (5) number remaining this report; or (6) number of PBC visits this date.

17.17-17.18 (Reserved.)

### SECTION IV. OUTPATIENT TREATMENT-NONSERVICE CONNECTED (OPT-NSC)

#### 17.19 GENERAL

Veterans who have received hospital care, nursing home care, in VA operated nursing homes or domiciliary care for a nonservice-connected condition may be furnished outpatient care that is reasonably necessary to complete an episode of VA authorized inpatient care (including nursing home and domiciliary care). This classification of care will only be used to identify veterans receiving OPT subsequent to VA authorized care. Authority for this care is contained in 38 CFR 17.60(f). Patients will not be admitted for the purpose of placing them in the OPT-NSC program.

#### 17.20 POLICY

a. OPT-NSC will be planned to facilitate early release and to assure optimum results from the episode of hospitalization, nursing home care or domiciliary care. When medical care has progressed to the point where it is reasonable to anticipate that treatment for the condition for which care was required may be concluded satisfactorily on an outpatient basis, the patient will be released from inpatient care (including nursing home and domiciliary care) and an appointment arranged for OPT-NSC treatment. Not all patients released from inpatient care will require outpatient care.

b. A patient in OPT-NSC status will be furnished treatment at the appropriate VA facility nearest the patient's home. In no event, however, will a patient be referred for OPT at another facility without advance agreement between the facilities. If an agreement cannot be reached, OPT will be provided at the place of inpatient care or domiciliary care and the appropriate Medical District Director will be advised and furnished copies of appropriate documents and correspondence. Veterans receiving hospital care at VA expense in other Federal medical centers may return to those facilities for OPT, or to another VA facility only with advance agreement. A patient referred for followup care at another facility will not be released from OPT status by the receiving facility without reexamination, except when release is indicated because the veteran fails to keep scheduled appointments. Veterans receiving OPT care at a VA facility who need supplemental

diagnostic services that cannot be provided economically at that VA or other VA health care facility will be provided those services on a fee or contract basis using that facility's regular medical care operating funds. Veterans receiving OPT care at a VA facility who need supplemental treatment services that cannot be provided economically at that VA or other VA health care facility will be provided those services on a fee or contract basis using fee medical funds. These supplemental treatment services will be authorized by the clinic of Jurisdiction. If no outpatient care is going to be provided to the otherwise eligible veteran because the VA health care facility is incapable of providing economical care because of geographical inaccessibility or the unavailability of the needed service, the VA health care facility will refer the veteran to the appropriate clinic of Jurisdiction for placement on a fee medical program.

c. Patients will not be continued in the OPT-NSC program for a period of more than 12 months after the date of discharge from inpatient care (including nursing home or domiciliary care). This period may be extended by the Chief of Staff or staff physician designee when the need has been identified by virtue of the disability requiring treatment. Patients receiving OPT-NSC care will be examined at least semiannually to evaluate the regimen of care and to determine the need for continued treatment. Routine treatment of a chronic condition which would not require rehospitalization if left untreated is inadequate Justification for retention of a veteran on the OPT-NSC program.

d. Veterans who are eligible for continued care under the provisions of 38 CFR 17.60(a) through (d) and (g) through (1) and (k), 17.60c, and 17.123 will not be placed in the OPT-NSC program for care of those conditions. This will not preclude treatment of an NSC condition on an OPT basis for these veterans. Veterans eligible for care under authority of 38 CFR 17.60a through (d) and (g) and (h) and 17.123 will be provided such care in accordance with section 11 of this chapter. Veterans eligible for care under authority of 38 CFR 17.60(i) and (k) will be provided such care in accordance with section V. Persons eligible for care by authority of 38 CFR 17.60a through 17.60c(b) will be provided care in accordance with section VII.

e. When such care is to be provided at another VA health care facility, medical need and eligibility will be established by the releasing hospital. Records transferred to another hospital or clinic will be clearly documented to reflect the veteran's need for and eligibility for care in this program. The receiving facility will assume responsibility for determining when treatment incident to hospital care should be terminated under the provisions of subparagraph c above.

f. Outpatient treatment of patients placed in the OPT-NSC program will be limited to the conditions for which medical care during hospitalization was furnished. At the time of discharge from inpatient care, the patient will be supplied sufficient amounts of medication to maintain the prescribed regimen of care until reporting for the first follow-up visit.

g. Veterans properly enrolled in the OPT-NSC program will be furnished required examinations, treatment, rehabilitative services, medications, and supplies to which they are legally eligible, and which have been ordered by the responsible physician. Beneficiary travel will be provided when eligibility requirements are met.

h. Dental and prosthetic appliances, sensory aids, and/or medical equipment and supplies and therapeutic and rehabilitation devices may be loaned or issued to patients as a part of authorized OPT-NSC. In each instance, an appropriate official must make and document the medical or dental determination (as pertinent) that the issuance or loan of such appliances, aids or accessories is reasonable and necessary for completing the medical or dental treatment of the condition for which the patient was hospitalized.

i. A patient will not be placed on OPT-NSC status for education, research, or training purposes, nor will a veteran be retained on the OPT-NSC rolls for these purposes. There is no objection to participation by OPT-NSC patients in education, research, or training programs if this is accomplished incidental to needed treatment.

j. The Chief, Medical Administration Service will be responsible for establishing a system which will ensure that the Chief of Staff or staff physician designee determines the need for continued treatment of every patient remaining in an OPT-NSC status for over 12 months. This determination should be made either during the 12th month if the patient reports for a scheduled visit during that month, or at the patient's next scheduled appointment if this occurs after the 12th month. In no instance should a patient be scheduled for a visit solely for the purpose of determining the need to continue treatment in an OPT-NSC status.

## 17.21 PROCEDURES

- a. The release procedures for patients being placed in the OPT-NSC program are the same as those prescribed for a regular discharge. VA Form 10-1000, Discharge Summary, will include instructions given to the patient and approximate date of first visit. If the patient is referred elsewhere, recommended followup care will be prescribed and appropriate action taken.
- b. When a patient is to receive OPT at the medical center from which the veteran is discharged, the patient will be referred to the Reception activity or other Control Point for discharge processing and scheduling. (If patient is discharged in error and not scheduled for needed OPT-NSC, action will be taken to correct records to permit OPT-NSC.) The patient will be furnished appointment information, indicating the followup date, prior to departure from the hospital. If followup care is to be provided by another VA facility arrangements for referral of the patient normally will be made prior to the patient's departure.
- c. If a patient in the OPT-NSC program falls to keep a scheduled appointment, a reasonable opportunity to report will be afforded. If second appointment is broken without an acceptable reason, OPT status will be terminated and the treatment record marked "Failed to report (date)." Before treatment is terminated, the patient's medical record will be referred to the responsible physician for review and documentation of action to be taken. Physician must also annotate the record if the patient should be informed that failure to continue medical treatment may have serious adverse consequences. In addition, the records of any patient being followed for tumor will be referred to the Tumor Board for review and determination of action to be taken.
- d. When it is necessary to rehospitalize a patient for the same condition for which outpatient treatment is currently being received, completion of VA Form 10-10 is required. This readmission requires only such additional administrative admission records as are necessary. If fewer than 30 days have elapsed since last discharge, complete routine workup need not be repeated. Significant changes will be recorded on the appropriate medical record forms. VA Form 10-1000a, Abbreviated Medical Record, may be used if bed occupancy does not exceed 48 hours. "Source of Admission" will be OPT-NSC.

[ ]

- e. A patient on followup care (OPT-NSC), who is readmitted for the same or another condition, will be carefully evaluated before release from current inpatient status to determine if OPT-NSC is still required. When through an error, release is made resulting in termination of needed posthospital care, action will be taken to correct records to permit continued OPT.

## 17.22 RECORDS

- a. Existing medical records will be used to document the care and treatment rendered the patient on OPT-NSC status. Upon completion of each encounter on OPT-NSC, the physician or responsible health care provider will enter appropriate note on the SF 509, Medical Record-Progress Notes. This note should include: the purpose of the visit or chief complaint; findings; studies ordered and/or therapies (including medications as prescribed by a physician) rendered; the disposition of the patient at the end of the OPT-NSC visit; recommendations for followup care; other instructions given to the patient and the level of the patient's understanding.
- b. When followup care is to be provided by another VA facility the medical records and administrative folders will be transferred. The completed VA medical records and administrative folders will be retained by the receiving medical center or clinic unless subsequently requested by another VA health care facility.

## 17.23 OTHER FEDERAL HOSPITALS

- a. General. The general concepts of the OPT-NSC program are applicable to patients who receive authorized care [II] other Federal hospitals. OPT will normally be provided such patients at the Federal hospital which provided inpatient care; however, consideration will be given to furnishing OPT at the VA medical center or clinic nearest the veteran's home when it would be in the best interests of both the patient and the Government. Agreements have been concluded with the

Army, Navy and Air Force for the provision of OPT to shorten the period of inpatient stay for eligible veterans who receive authorized care in hospitals where bed allocations have been granted. The Navy agreement provides that the decision to participate in the program will be made at the local level by the individual commanding officer on request by the VA medical center or clinic Director.

b. Authorization Procedure. See chapter 21.

c. Program Controls. Medical center and clinic Directors will observe the policies in paragraphs 17.20 and 17.21. Close coordination will be established with heads of other Federal hospitals to assure a complete understanding of this program, including mechanics of its operation and necessity for providing information promptly on patients requiring OPT.

#### **17.24 OPT-NSC FOR WOMEN VETERANS HOSPITALIZED IN PRIVATE, STATE OR MUNICIPAL FACILITIES**

The general concepts of the OPT-NSC program apply to women veterans receiving VA authorized hospital care for NSC conditions in private, State or municipal hospitals. OPT will be provided at the nearest appropriate VA or other Government facility. If such facilities are not capable of providing economical care because of geographic inaccessibility or of providing the care or services required, OPT may be furnished on a fee basis. The authorizing clinic will make the initial determination of medical eligibility and arrangements for furnishing followup care.

17.25-17.26 (Reserved.)

### **SECTION V. OUTPATIENT TREATMENT-NONSERVICE-CONNECTED DIRECT (OPT-NSC-D)**

#### **17.27 POLICY**

a. The following categories of veterans requiring care for NSC disabilities may be furnished such medical care on an outpatient basis as is reasonably necessary for treatment of any condition without requiring a preceding period of hospitalization (dental care may not be authorized except under the provisions of 38 CFR 17.123).

(1) Any veteran in receipt of increased compensation, pension or allowance based on need of regular A&A (aid and attendance), or by reason of being permanently housebound, or who, but for the receipt of retired pay would be in receipt of such compensation, pension or allowance.

(2) Any veteran of the Mexican border period or World War 1.

(3) Any veteran who is a former prisoner of war including former members of the armed forces of the governments of Czechoslovakia or Poland eligible for VA care under 38 CFR 17.55 who were POW'S.

(4) Veterans who are participating in a chapter 15 vocational training program may receive medical care as provided in 38 CFR 17.56.

b. OPT may be authorized on a fee basis for any veteran in subparagraph a(1) or (2) above when their medical condition precludes appropriate treatment in a VA or other Federal Government facility and subject to the criteria in paragraph 17.08b.

c. Veterans properly enrolled in the OPT-NSC-D program will be furnished required examinations, treatment, rehabilitative services, medications, and supplies to which they are legally eligible, and which have been ordered by the responsible physician. Beneficiary travel will be provided when eligibility requirements are met.

#### **17.28 PROCEDURES**

Veterans mentioned in paragraph 17.27 who apply and are determined to be in need of care will be placed on outpatient status. Outpatient Treatment-Ambulatory Care (see sec. VI) will not be used for the above categories of veterans.

17.29 (Reserved.)

**SECTION VI. OUTPATIENT TREATMENT-AMBULATORY CARE (OPT-AC)**

**17.30 POLICY**

a. The OPT-AC (Ambulatory Care) program is an outpatient program under which veterans who are eligible for VA hospital care may be provided medical services at a VA health care facility when they have no other specific entitlement to outpatient treatment. Such veterans may be placed on OPT-AC status when a medical determination is made by the



examining VA physician and documented on VA Form 10-10m, "Medical Certificate," that furnishing the care on an ambulatory basis is required to obviate the need for hospitalization.

b. The medical determination shall be based on the physician's judgment that the medical services to be provided are necessary to evaluate or treat a disability that would normally require hospital admission, or which, if untreated, would reasonably be expected to require hospital care in the immediate future.

c. Routine treatment of a chronic condition which would not require hospitalization if left untreated is inadequate justification for placement or retention of a veteran on an OPT-AC program.

[d. Veterans properly enrolled in the OPT-AC program will be furnished required examinations, treatment, rehabilitative services, medications, and supplies to which they are legally eligible, and which have been ordered by the responsible physician. Beneficiary travel will be provided when eligibility requirements are met.]

#### 17.31 PROCEDURES

a. Ambulatory care will be furnished to eligible veterans when essential resources to provide the necessary medical services are available at the VA health care facility. When adequate resources are not available, admission of applicants to the ambulatory care program will be restricted according to instructions in paragraph 17.44b.

b. A veteran who is furnished outpatient treatment for a medical condition on the basis of a medical determination that such treatment is required to obviate a need for hospitalization and who requires no followup care, or simply a single followup visit, will be recorded to have been on OPT-AC status and will be discharged from the program after such followup visit, if any. A veteran may also be placed on OPT-AC status if, when applying for medical care, he/she must be given a subsequent appointment for diagnostic tests or consultations to further evaluate the need for hospital admission.

c. Ambulatory care status will be terminated when the patient's condition has improved or stabilized to the extent that further care is no longer required to obviate the need for hospital care in the immediate future. Termination shall be documented in the CHR by the treating physician. The patient is effectively discharged, however, if the physician does not recommend scheduling a visit for the veteran or if the physician records a "return PRN" entry in the record.

d. Local directives at each VA health care facility should provide guidance for the management and monitoring of OPT-AC programs.

17.32-17.34 (Reserved.)

### SECTION VII. OUTPATIENT TREATMENT-OTHERS

#### 17.35 GENERAL

a. Title 38, Code of Federal Regulations, sections 17.60a through 17.60c(b) authorize the furnishing of outpatient medical services to certain other groups of persons as shown below:

(1) Outpatient treatment for military retirees (OPT-MR).

(2) Outpatient treatment for authorized allied beneficiaries (OPT-AB).

(3) Outpatient treatment for authorized beneficiaries of the Office of Federal Employees' Compensation (OPT-OFEC).

(4) Outpatient treatment for authorized beneficiaries of other Federal agencies (OPT-OFA).

(5) Outpatient treatment under agreements to share specialized medical resources (OPT-SSMR).

(6) Humanitarian outpatient treatment for nonveterans in an emergency (OPT-NVE).

b. Title 38, Code of Federal Regulations, section 17.54c authorizes outpatient medical services to eligible CHAMPVA beneficiaries (OPT-CHVA) in situations where the VA is equipped to provide services. Care may be provided to these individuals only when providing such care will not limit, deny, or delay care to eligible veteran beneficiaries.

c. Under the Foreign Assistance Act of 1961, medical services may be furnished to beneficiaries of friendly governments certified by the Agency for International Development as meeting certain defined conditions and criteria (OPT-OFG).

Arrangements for providing such care on a reimbursable basis will be made by VA Central Office, and specific instructions will be given to VA health care facilities designated to furnish such care.

d. Persons having eligibility for OPT care in more than one category will always be furnished treatment according to the highest priority to which they may be entitled in accordance with section X of this chapter.

#### **17.36 POLICY**

a. Outpatient treatment for persons covered by this section will be provided in accordance with the specifications of each individual authorization in the case of OPT-MR, OPT-AB, OPT-OFEC, OPT-OFA, and OPT-OFG.

b. Humanitarian outpatient treatment for VA employees, their families and the general public (OPT-NVE) in an emergency will be provided to the extent necessary to stabilize the condition(s) requiring care. These persons will be referred or transferred to non-VA facilities for any continuing care when such movement would not endanger the life or seriously impair the health of the patient.

c. Appropriate charges in accordance with chapter 15 of this manual will be made for services rendered as described in subparagraphs a and b above.

d. Outpatient treatment under agreement to share specialized medical services will be furnished in accordance with the specifications of the approved agreement. OPT-SSMR is limited to care and services which require the specialized expertise available from the VA.

e. Medical services will ordinarily be provided to these categories of outpatients only when providing such care will not limit, deny or delay providing such care to eligible veteran beneficiaries.

f. The provisions of section IV of this chapter apply to these categories of outpatients as they relate to OPT in general.

#### **17.37 (Reserved.)**

### **SECTION VIII. NONBED-CARE (NBC)**

#### **17.38 POLICY**

a. The NBC (Nonbed-Care) program is an outpatient program to which veterans under commitment and/or for whom the facility is receiving an institutional award, may be released from inpatient care. The purpose of placing a patient on NBC status is to determine the individual's ability to make a satisfactory adjustment outside the hospital.

b. Committed patients and/or those for whom the facility is receiving an institutional award will only be placed on NBC status when:

(1) State law permits release of committed patients without abrogating the commitment, and/or

(2) Retention of an institutional award is determined necessary while awaiting release from commitment status, appointment of a guardian, or while evaluating the patient's ability to manage financial affairs.

c. Patients placed in an NBC status generally will be furnished treatment, medications and supplies by the appropriate VA facility nearest his or her home. In no event, however, will a patient be referred to another facility without mutual advance agreement. If agreement is reached for complete responsibility for followup care by another facility, records, and patient funds if any, will be transferred in accordance with current instructions. If an agreement cannot be reached, NBC will be provided by the place of inpatient care. NBC may be authorized on a fee basis for essential services not available at an appropriate VA facility.



d. Patients in an NBC status will be examined at least semiannually to evaluate the regimen of care and to determine the need for further treatment. The VA medical records already established will be used for appropriate entries not less frequently than monthly during NBC status.

e. There is no limitation on the length of time a patient will be carried in an NBC status. However, entitlement will cease and treatment will be terminated when the commitment and/or the institutional award has been discontinued. If additional outpatient treatment is necessary to complete the episode of inpatient care, the patient will be placed in the appropriate OPT program such as OPT-SC or OPT-NSC.

[f. Veterans properly enrolled in the NBC program will be furnished required examinations, treatment, rehabilitative services, medications, and supplies to which they are legally eligible, and which have been ordered by the responsible physician. Beneficiary travel will be provided when eligibility requirements are met.]

17.39 (Reserved.)

## SECTION IX. RESEARCH

### 17.40 POLICY

a. In some instances it may be desirable for patients to be studied for research purposes. Without exception, such studies must be integral funded components of a research project previously processed and approved by the Medical Center Research Committee and by the medical center Director.

b. When a patient is assigned to an OPT program in order to complete treatment for the condition for which hospitalization was required, he or she also may be involved in a research study. Under such circumstances there will be no attempt to prorate costs to medical research funds.

c. When OPT is terminated under the provisions of paragraph 17.20d, but there is need for research followup, the provisions of subparagraph d below are applicable.

d. When a patient is assigned solely for research purposes and makes a visit solely for research purposes, medical research funds will be used to pay beneficiary travel costs and to reimburse the medical care appropriation at the current [interagency] outpatient visit rate. Also, the cost of drugs, supplies, and contractual services purchased exclusively for such research patients will be charged to medical research funds.

e. The Chief, Medical Administration Service is responsible for establishing procedures and necessary controls for:

(1) Accumulating statistical information accounting for all outpatient visits made for research purposes, and for

(2) Insuring that information is furnished to Fiscal Service about outpatient visits made exclusively for research purposes for which reimbursement should be made to the medical care appropriation.

17.41 (Reserved.)

## SECTION X. PRIORITIES FOR OUTPATIENT CARE AND SERVICES

### 17.42 GENERAL

The [initial] and continuing care of eligible patients in an outpatient status will be effectively managed according to priorities established in this section.



17.43 POLICY

- a. Those persons with emergent conditions requiring immediate medical attention will be provided emergency care without regard to priorities.
- b. The initiation of care in an outpatient program or the continuation of care after its initiation will be based on a professional determination of the need for care, and the applicant or patient will be scheduled and/or seen according to the following priorities and in sequence indicated within these priorities.

PRIORITY I

- a. Veterans requiring care for service-connected disabilities or for disabilities incurred in line of duty for which they were released or retired from the active military, naval or air service. (This category also includes Spanish-American War veterans requiring care for any disability.)
- b. Veterans with a service-connected disability or disabilities rated at 50 percent or more.
- c. Veterans with service-connected disabilities or retired for disabilities incurred in line of duty, requiring care for nonservice-connected disabilities (including any veteran requiring examination to determine the existence or rating of a service-connected disability).

(NOTE: Veterans needing medical services to continue in a rehabilitation program are categorized in either Priority Ia, b or c as appropriate.)

PRIORITY II

Veterans who are former prisoners of war including former members of the armed forces of the governments of Czechoslovakia or Poland eligible for VA care under 38 CFR 17.55 who were POW's and/or veterans who are receiving care for conditions possibly related to exposure to Agent Orange, other hazardous substances or ionizing radiation.

PRIORITY III

Veterans in receipt of increased pension or special allowance based on the need for regular aid and attendance or by reason of being permanently housebound, or who, but for the receipt of retired pay, would be in receipt of such increased pension or special allowance, and veterans of the Mexican border period or World War I.

PRIORITY IV

- a. Nonservice-connected veterans receiving VA pension requiring posthospital care (OPT-NSC).
- b. Nonservice-connected veterans receiving VA pension requiring pre-bed care (OPT-PBC).
- c. Nonservice-connected veterans receiving VA pension requiring care to obviate the need for hospitalization.

PRIORITY V

- a. Veterans in receipt of vocational training under 38 U.S.C. chapter 15.
- b. Beneficiaries receiving authorized examinations for VA pension, dependency and indemnity compensation or examinations for insurance purposes.
- c. Veterans receiving care for disabilities under 38 U.S.C. chapter 31 for any disability.





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**PRIORITY VI**



Other Category A NSC veterans eligible for care without payment of deductible.

- a. Requiring posthospital care (OPT-NSC).
- b. Requiring pre-bed care.
- c. Requiring care to obviate need for hospitalization.

**PRIORITY VII**

Category B NSC veterans eligible for care without payment.

- a. Requiring posthospital care (OPT-NSC).
- b. Requiring pre-bed care.
- c. Requiring care to obviate need for hospitalization.

**PRIORITY VIII**

Category C NSC veterans eligible after agreeing to pay deductible.

- a. Requiring posthospital care (OPT-NSC).
- b. Requiring pre-bed care.
- c. Requiring care to obviate need for hospitalization.

**PRIORITY IX**

[ ] CHAMPVA beneficiaries receiving care at VA facilities.

[ ]

**PRIORITY X**

- a. Persons authorized examination or treatment under approved sharing agreements.
- b. ]Beneficiaries from other Federal agencies, except as described in Priority IXb.
- c. Veterans of nations allied with the United States in World War I or II receiving medical care under the authority of 38 CFR 17.45.

**17.44 BASIC GUIDELINES**

- a. Scheduling activities will be conducted in compliance with the provisions of section I to provide an efficient and effective scheduling system. Special care will be exercised to assure maximum use of available appointment periods, personnel and facilities while continuing to meet the needs of unscheduled emergent or high priority applicants.



b. When the demand for care is consistently greater than the care which can be provided with available VA resources, restrictions on accepting new applicants will be imposed by the health care facility Director. In such event, admission of applicants to outpatient programs will be restricted by not accepting applicants from priority categories below the priority level where appropriate care can be provided within available resources. These restrictions may be applied by clinical subspecialty or service. For example, if the orthopedic clinic is unable to provide timely appointments to patients, restrictions should be placed on accepting new applicants for outpatient orthopedic services from priority category Xc, then Xb, then Xa, then IXb, etc. Applicants who cannot be accepted for outpatient services will be referred to Social Work Service for review and counseling regarding the use of non-VA health care resources.

c. The responsibility and authority for the assignment of priorities for care is administrative. As such, the Chief of Medical Administration, or administrative designee, will assure that appropriate priorities are assigned and, in collaboration with the relevant clinical service chiefs, that patients receive their care according to the assigned priority.

#### 17.45 PROCEDURES

a. A patient appearing at the Reception activity seeking evaluation or treatment who does not have a scheduled appointment will be referred to triage or the general medicine clinic.

*NOTE: Emergency cases, irrespective of priority status will be referred for evaluation and appropriate care immediately.*

b. If the person requesting evaluation without a scheduled appointment is appearing for the first time, the Reception activity will prepare a VA Form 10-10 in accordance with instructions provided in chapter 4, for referral with the person to triage. All available records of a person who had previously been hospitalized or treated in the outpatient program but who comes in for evaluation or treatment without a scheduled appointment will be obtained for referral with the individual to the evaluation team. Emergency cases will not be delayed for paperwork, or retrieval of records prior to referral to the evaluation team.

c. The triage or evaluation or general medicine clinic will determine whether the nature of the illness presented by the patient is emergent, requiring immediate outpatient treatment.

17.46-17.47 (Reserved.)

## SECTION XI. DAY HOSPITAL PROGRAM

### 17.48 GENERAL

- a. Selected psychiatric hospitals and general hospitals with psychiatric bed sections are authorized by VA Central Office to conduct a Day Hospital program.
- b. DM&S Manual M-2, part X describes the Day Hospital program concept and related matters such as objectives of treatment, length of patient stay, treatment advantages, suggested staffing, and patient loads per unit.
- c. Instructions for preparation and submission of Day Hospital program workload information for the Automated Management Information System are contained in VA Manual MP-6, part VI, supplement No. 1.2, chapter 39. Reports are submitted quarterly on AMIS segment 229, identified as RCS 10-282.

### 17.49 POLICY

The Day Hospital program is designed primarily to serve veterans whose psychiatric illness or emotional crises requires Intensive treatment but because of family or other support systems can be safely and effectively managed on an outpatient basis. These veterans will be treated on a full or partial weekly schedule for a limited period of time and do not require the bed, board, and 24-hour supervision associated with full hospitalization.

### 17.50 RESPONSIBILITIES

- a. The Chief, Psychiatry Service is responsible for overall management of the program, for developing and/or approving selection criteria for accepting candidates, and for monitoring and evaluating the effectiveness of the program.
- b. The program director of the Day Hospital is responsible for determining the acceptability of patients for admission to the program according to defined admission criteria, and for having a member of the professional staff explain the treatment- program to the patient to encourage complete cooperation.
- c. Designees of the Chief, Medical Administration Service are responsible for determining eligibility of veterans for admission to the program and for administrative procedures relating to the preparation and processing of outpatient routing and Statistical activity records for accumulating outpatient visit workload information.

### 17.51 PROCEDURES

#### a. Admission to the Program

- (1) Eligibility for admission to the Day Hospital program is limited to persons eligible for outpatient treatment under VA Regulation 6060.
- (2) No person will be placed in the program without approval of an authorized professional service member of the Day Hospital program staff.
- (3) Inpatients committed by a court of competent Jurisdiction will not be discharged to the Day Hospital program without documented approval by the Chief, Medical Administration Service who is responsible for coordinating such discharges with the District Counsel and the court.
- (4) Inpatients for whom the facility Director is receiving an institutional award will not be discharged to the Day Hospital program without documented approval of the Chief, Medical Administration Service who is responsible for determining that the discharge to outpatient status and consequent termination of the institutional award will not result in financial hardship to the patient or to his or her dependents.



**Chapter 17****b. Records**

- (1) All reports and records relating to the Day Hospital episode of patient care will be filed in the CHR (consolidated health record) according to filing instructions in chapter 5.
- (2) Eligibility for direct admission to the Day Hospital program will be documented on the current application for medical care, VA Form 10-10 or VA Form 10-10r, citing the appropriate subparagraph of VA Regulation 6060 as authority.
- (3) Content of Day Hospital records and the frequency of progress note entries will be determined by the program director and approved by the Medical Record Committee. The discharge progress note or summary should contain established diagnoses for which medical care was given and the basic information suggested in DM&S Manual M-2, part X.
- (4) Release of information to insurance companies concerning Day Hospital episodes of patient care will contain a prominent notification that, although the patient was not occupying a bed, he or she was under intensive day hospital care and definitive treatment for a specified number of hours a day for so many days a week. (Example: Six hours a day, 5 days a week.)

**c. Beneficiary Travel**

Payment or reimbursement for beneficiary travel will be based on individual eligibility and entitlement as prescribed in chapter 25.

**d. Submission of VA Form 10-7131, Exchange of Beneficiary Information and Request for Administrative and Adjudicative Action and VA Form 10-7132, Status Change.**

- (1) Notification is not required when a patient is admitted directly to a Day Hospital program.
- (2) VA Form 10-7132, Status Change, will be sent to the VA regional office of Jurisdiction when inpatient are discharged to the Day Hospital program, providing the VA Form 10-7132 had been requested. In addition to other information, the statement, "Discharged to Day Hospital" will be entered in "Remarks."

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INSTRUCTIONS FOR PREPARATION OF  
VA FORM 10-2875-1 OR 10-2875-2, OUTPATIENT ROUTING AND  
STATISTICAL ACTIVITY RECORD

## 1. PURPOSE

- a. To provide instructions for preparing VA Forms 10-2875-1 or 10-2875-2, Outpatient Routing and Statistical Activity Record.
- b. To provide instructions for processing completed VA Forms 10-2875-1 or 10-2875-2 to compile required statistical information about outpatient workload for the monthly AMIS report.
- c. To provide instructions and selection criteria for processing the sampling of outpatient visits. The sampling provides data for statistical reports used for workload projection, resource allocation, trend analysis, facility planning and demographic studies of the veteran population.

*NOTE: VA Form 10-2875-2 is identical in all respects to VA Form 10-287S-1 except for the color of the printing. VA Form 10-287S-2 is used only for veterans with service-connected disabilities or military Personnel retired for disability incurred in line of duty. The distinctive purple color of VA Form 10-2875-2 provides a visual reminder of the patient's entitlement to authorized medical services on a priority basis. VA Form 10-287S-1 is used for all other outpatients receiving medical services from VA health care facilities.*

## 2. GENERAL

- a. Use. VA Forms 10-2875-1 and 10-2875-2 serve primarily as source documents for accumulating statistical information about outpatient workload at VA health care facilities. They also serve as routing sheets to direct outpatients to specific clinics, laboratories or service areas at the health care facility. They are prepared at all VA health care facilities which provide medical services to outpatients.

## b. Definitions

(1) Outpatient. For purposes of this chapter, an outpatient is defined as a person receiving health care services at a VA facility or provided by VA facility personnel, who has not been assigned a hospital, domiciliary or nursing home care bed at that VA health care facility or at a community or other Federal hospital at VA expense. A patient receiving chronic [ ] dialysis at a VA facility is an outpatient. *NOTE: There is one exception to the above definition which is: Domiciliary patients referred by the domiciliary medical services to outpatient clinics are to be considered outpatients. (Those referred for regular domicile sick call or routine annual physical examinations are not classified as outpatients.)*

(2) Lodger. An outpatient who is detained overnight without being formally admitted is classified as a lodger. A VA Form 10-2875-1 or 10-2875-2 is prepared for the lodger if outpatient examination or treatment was provided prior to lodging. An additional form is prepared the following day if medical services are provided that day. It would not be prepared the following day if the patient had been provided lodging for administrative reasons such as unavailability of return transportation or if the patient had been scheduled for admission.

(3) Collateral. A collateral is a person, related to or associated with a veteran receiving care from the VA, visiting a VA health care facility, or being visited by a VA staff member at a site away from the VA health care facility. In either event a member of the professional staff of the VA health care facility obtains from or provides to the collateral information that will assist and support in the care of the patient. A collateral may also be a person who is receiving care in accordance with chapter 16 (i.e., mental health services, etc., for members of the immediate family of a VA beneficiary). Employees of nonVA facilities providing services to a veteran or other VA beneficiary receiving care at VA expense will not be counted as collaterals.

(4) **CHAMPVA Beneficiary.** A CHAMPVA beneficiary is a survivor or dependent of certain veterans who is authorized by the VA to receive medical care primarily in non-VA facilities with payment for the care (less deductible and/or coinsurance) made by the CHAMPVA program and, in certain circumstances, to receive medical care in VA facilities.

(5) **Outpatient Visit.** An outpatient visit is the physical presence of a person (at or away from the facility) who has obtained outpatient services during a single 24-hour period. Services provided may be diagnostic, therapeutic, or both. They may be provided by physicians, or at their direction and supervision, by other personnel. An outpatient visit can also be made by or to a family member or other collateral who is providing needed medical care or information of value to the treatment team about a veteran whose status is an outpatient. The term outpatient visit also includes those visits made by or to collateral receiving mental health services, professional counseling and other training in accordance with chapter 16 for members of the immediate family, etc., of a VA beneficiary. An outpatient visit also will be counted for CHAMPVA beneficiaries and for nonveterans receiving medical services at a VA medical facility and for VA employees receiving medical services through or at the direction of the employee health unit at the VA medical facility. Only one outpatient visit may be credited to the same patient or collateral on a single day, and only one VA Form 10-2875-1 or 10-2875-2 is prepared for the patient or collateral for that day.

(6) **A Visit Is Not**

(a) A domiciliary patient's evaluation by a practitioner other than a physician at the domiciliary or routine annual physical examination.

(b) The appearance of a patient on the scheduled day of admission to inpatient care and is actually admitted on that day.

(c) An inspection by VA personnel for the purpose of review and audit of State domiciliary (hospitals, domiciliary or nursing home) facilities.

(d) An appearance of VA personnel to inspect community nursing homes or community residential care facilities without attending a patient or intending to see one.

(e) Incidental contacts with other patients at non-VA facilities visited to see a particular patient.

(f) Each clinic stop where care or assistance may have been provided to the patient that day.

(g) A telephone contact made either by or for the patient or potential patient.

(h) A fee-medical or fee-dental visit authorized by a clinic or Jurisdiction or a VA health care facility with fee-basis authority.

(i) The appearance of a patient at the facility solely for a prescription refill.

(7) **Clinic Stop.** This is identified as a patient encounter with one or more providers assigned to a particular clinic during the course of a patient's visit to a facility. Individual providers may staff particular clinics to which patients are routed. When more than one health professional is in contact with a patient while at one clinic, only one stop is to be marked. Laboratory, x rays and pharmacy are shown as stops, but only one stop will be marked regardless of the number of procedures performed or prescriptions filled in each of these respective stops.

c. **Frequency.** A VA Form 10-2875-1 or 10-2875-2, as appropriate, will be prepared for each outpatient visit (defined above):

(1) Made by a patient, CHAMPVA beneficiary, or collateral to a VA health care facility.

(2) Made by a VA employee at a VA health care facility.



(3) Made by a VA staff member(s) to a patient or collateral away from a VA health care facility.

d. Responsibility. Administrative responsibility is assigned to the Chief, Medical Administration Service for establishing, directing and controlling local procedures for preparing and processing VA Form 10-2875-1 or 10-2875-2 according to these instructions. This includes responsibility for training all VA personnel who initiate, annotate, use, or process VA Forms 10-2875-1 and 10-2875-2 in the course of providing outpatient services to beneficiaries. It also includes responsibility for periodically reviewing and evaluating this program to ensure compliance with current directives.

e. Preliminary Review. A designated employee will review VA Forms 10-2875-1 and 10-2875-2 to ensure that all required entries have been made prior to forwarding for statistical tabulation.

f. Statistical Tabulation. Forward completed VA Forms 10-2875-1 and 10-2875-2 daily to a designated location for statistical tabulation as prescribed in MP-6, part VI, supplement No. 1.2, chapter 31. The reviewed forms should ordinarily reach the tabulating location on the workday following the day of the visit.

g. Sampling. All VA health care facilities except those with automated tabulating systems will use the same criteria for selecting VA Forms 10-2875-1 and 10-2875-2 for the sampling procedure. All VA Forms 10-2875-1 and 10-2875-2 with SSN (Social Security numbers) or pseudo SSN ending in "1" or "5" will be selected for the sampling. This will provide an approximate 20 percent sampling for each VA health care facility. No other criteria will be used. (NOTE: VA Form 10-2875-1 prepared for collaterals, employees, CHAMPVA beneficiaries, and nonveterans will be included in the 20 percent sampling.)

### 3. INSTRUCTIONS FOR ENTRIES

a. Name. Use the VA patient data card to enter the name in the upper left section of VA Form 10-2875-1 or 10-2875-2. Write in the name if the patient data card is not available or if the visit is made by or to a collateral, or by a CHAMPVA beneficiary, VA employee, or nonveteran. If the visit is made by or to a collateral, the collateral's name will be used. Use of the veteran's name in addition to the collateral's name is optional.

#### b. Facility Name and Number

(1) Use the three-digit facility identification number as provided in the Consolidated Address and Territorial Bulletin 1 series and the identification modifier (AMIS modifier) as appropriate for your facility.

(2) When a patient data card is used to imprint the five-line legend on VA Form 10-2875-1 or 10-2875-2 in the patient data card imprint area, the facility name and number is imprinted simultaneously from the clinic identification card in the imprinter. When a patient data card is not used to imprint the patient's name and other information the facility name and number can still be imprinted from the embossed clinic identification card or the entry can be made by hand. In either event, the facility name and number must always be entered in the allotted space on the form.

c. Date of Visit. The date of visit will be imprinted or written to the right of the patient data card imprint area and above the facility name and number. The format of the data will be numeric and in the order of month, day and last two digits of the year. For example: January 1, 1985 will be imprinted or written as 0 1 0 1 85.

d. Billing. Enter an "X7" in the block under "Billing" if charges are to be made for the outpatient visit.

(NOTE: This block must always be checked when a red patient data card, VA Form 10-1 174b, is used to Imprint the routine sheet.)

#### e. Social Security Number

(1) Enter the SSN of the individual beneficiary including CHAMPVA beneficiaries, employees, collaterals and other nonveterans- The SSN may be obtained from the patient data card or from any available source. When the actual SSN is

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not available from any known source, construct and assign a pseudo-SSN using the numeric equivalent of the person's initials and birth date (month, day and year, each expressed in two digits). Numeric equivalents to be used for the initials are as follows:

A, B, C = 1

P, Q, R = 6

D, E, F = 2

S, T, U = 7

G, H, I = 3

V, W, X = 8

J, K, L = 4

Y, Z = 9

M, N, O = 5

No middle initial = 0

Example: John (NMI) South

Born July 1, 1919

Pseudo-SSN 4 0 7 0 7 0 1 1 9

(2) If the outpatient does not have an SSN, or has lost the Social Security card and would like to obtain a new card, assist the individual in completing Department of Health and Human Services, Social Security Administration Form SS-5, Application for a Social Security Number.

(3) For outpatients in the Republic of the Philippines, enter the SSN or the claim number preceded by sufficient zeros to complete the nine digits.

f. Birth Year. Enter the last two digits of the year of birth obtained from the patient data card or elsewhere.

g. ZIP Code. Enter the five-digit ZIP Code of the residence address from the patient data card, if available, or obtained through inquiry or from the National ZIP Code Directory. Enter "00000" for addresses in Canada and "99999" for addresses in Mexico.

h. Sex Code. For all outpatients, enter a "O" for male and a "1" for female.

i. POW Code. If the patient is an eligible veteran, enter "O" if the veteran is a former prisoner of war and a "1" if the veteran is not a former prisoner of war. Leave this block blank for all other categories of patients.

j. Period of Service

(1) Enter the proper code. Use the code for the period of service from the patient data card or from the following:

0 - Korean (6/27/50-1/31/55)

1 - World War I (4/6/17-11/11/18)

2 - World War II (12/7/41-12/31/46)

3 - Spanish American War (4/21/98-7/4/02)

4 - Pre-Korean (All PK peacetime) (before 6/27/50)

5 - Post-Korean ([2/1/55]-8/4/64)

7 - Vietnam Era (8/5/64-5/7/75)

8 - Post-Vietnam (on and after 5/8/75)

9 - Other or none

(2) Always use the code for a period of service in which a veteran incurred a service-connected disability when the veteran served in more than one wartime period or in both wartime and peacetime service, otherwise:

- (a) When the veteran served in two or more wartime periods, use the code for the latest wartime period.
- (b) When the veteran served in both wartime and peacetime periods, use the code for the wartime period.

[k. Veteran Eligibility Code. Enter the eligibility code from the following instructions. Use the lowest numbered appropriate eligibility code for patients eligible to receive care as veterans except when charges are to be made for services rendered:

- (1) Service connected 50 percent or more
- (2) Aid and Attendance or Housebound, Mexican border or World War I veterans, and POW's-nonservice connected only
- (3) Service connected less than 50 percent
- (4) Nonservice connected receiving VA pension
- (5) Other nonservice connected
- (6) Domicillary patient-nonservice connected only

Any patient receiving care as a veteran who has a service-connected disability must be coded using either "1" or "3". Leave this block blank if charges are to be made for services rendered or if the patient is a CHAMPVA beneficiary, a collateral of a veteran, receiving services as a VA employee, or other nonveteran.]

1. Nonveteran Eligibility Code. Enter the eligibility code from the following instructions for patients who are not receiving care as eligible veterans or for whom charges are to be made:

- (1) CHAMPVA beneficiary
- (2) Collaterals of veterans
- (3) VA employees
- (4) Other Federal agencies
- (5) Allied veterans
- (6) Humanitarian emergencies
- (7) Sharing agreement
- (8) Reimbursable insurance

Leave this block blank for persons receiving care as eligible veterans. [The term "sharing agreement" includes VA/DOD sharing agreements authorized by Pub. L. 97-174 as well as those authorized by 38 U.S.C. 5053.]

m. Purpose of Visit. Enter the proper code indicating the administrative reason for the visit. For all visits, use the code with the lowest numeric value as follows:

(1) Compensation and Pension. Veterans examined for compensation and pension purposes. Includes dependents of living or deceased veterans examined at the request of the regional office Adjudication Division.

(2) 10-10. Examination to determine the need for medical care (includes inpatient, outpatient, nursing home care, etc.)  
Exception: Do not use this code for VA employees examined to determine the need for care.

(3) Scheduled Visit. Enter this code for outpatients who report for scheduled appointments.

(4) Unscheduled Visit. Enter this code for outpatients who report without a scheduled appointment.

n. Location of Visit. Enter the proper code identifying the area where the outpatient is receiving care, as follows:

(1) Clinic VA Staff. Will be used when the outpatient receives care at a regularly designated outpatient clinic area.

(2) Clinic Fee-Basis Physician. Will be used when everything is the same as (1) except care was provided by a fee-basis physician only.

(3) Clinic VA Staff and Fee-Basis Physician. Will be used when everything is the same as (1) except care is provided by both VA staff and fee-basis physician.

(4) Ward. Will be used when the clinic is held in an area which is not the regularly designated clinic area. If the ward is a regularly designated clinic area, then check (1). If both ward and clinic are visited and the ward is not a regularly designated area, then check (4).

(5) Hospital Based Home Care. Will be used when VA staff members make home visits as part of this program. This code should be used only by VA health care facilities approved by VA Central Office to conduct an HBHC program. Only one VA Form 10-2875-1 or 10-2875-2 will be prepared for each day that a staff member or members conduct an HBHC visit to a patient or a preplacement visit to a collateral.

(6) Away from Facility (Other Than HBHC). Will be used 'When outpatient visits are made by VA staff to or on behalf of patients or collaterals away from the facility. This includes visits to VA patients in community nursing homes, foster homes, adult homes, and other types of personal care residences. It includes outpatients seen in "storefront" or similar type facilities.

o. Special Surveys. Special Survey blocks 1 through [18] are reserved for the collection of data in special surveys to be conducted under VA Central Office direction. These special surveys may be time-limited.

p. Special Services. Special Services blocks 1 through [18] are reserved for the collection of data at VA Central Office direction on special services that VA medical facilities may be furnishing on an outpatient basis. Collection of these data may be time-limited.

q. Clinic Stop. Place an "X" after each clinic stop where services are provided to a patient or collateral during an outpatient visit. For visits away from the facility, place the "X" after the appropriate clinic stop to indicate the discipline of the visiting staff member or members.

(1) Use of clinics stops 01 and 77 through 86 inclusive is restricted to only those health care facilities authorized by VA Central Office to implement those respective special programs.

(2) All preprinted clinic stops other than 01 and 77 through [83] may be used by VA health care facilities to categorize the type of care or service provided to outpatients.

(3) Thirty [ ] of the 100 available clinic stop positions are left blank. They are not to be used by any health care facility without specific authority from VA Central Office, except as described in subparagraph (4) below.

(4) Blank clinic stop Nos. 72 through 75 may be used by any VA health care facility to denote any special clinic or stop of significant interest to that facility without obtaining specific authority from VA Central Office.

(5) Recommendations for using any of the other blank clinic stop positions to denote a clinic or service (with substantial workload at a significant number of facilities) should be submitted to VA Central Office, addressed to the appropriate Regional Director 10BA-/10B/ADP.

#### 4. COMPUTER EDIT PROCEDURE

a. The sample of VA Forms 10-2875-1 and 10-2875-2 is key punched, and the data transmitted weekly to the Austin DPC using the VADATS message communication terminal system. The subsystem and routing indicator to be used on the header and trailer cards is >>>> OPC. The Austin DPC will hold the weekly data submission for processing at 9 a.m. c.s.t. on the 10th workday of each month. Data transmitted after that time will be included in the next regularly scheduled processing cycle. Facilities which have the capability of producing tapes with the outpatient sample data should transmit or mail the tapes to the Austin DPC monthly. Express mail or an alternative parcel carrier should be used to mail tapes to ensure timely receipt in the Austin DPC for processing. Tapes will be accompanied by VA Form 30-7252, Transmittal Form for Use in Shipment of Tabulating Data. Tapes from satellite clinics or other separate reporting divisions will be mailed with a separate VA Form 30-7252. Identified on the form in item 8(C) will be the facility name and number of the preparing clinic. Also identified will be the effective date of the data (in item 8(E)). The addressee in item 1 and on the mailing label will be:

VA Data Processing Center (372B)  
1615 East Woodward Street  
Austin, TX 78772

Processing of mailed or transmitted tape data will be done by the Austin DPC at 9 a.m. c.s.t. on the 10th workday of the month. Tape data not received in Austin prior to this processing time will be included in the next month's regularly scheduled processing cycle. All outpatient sample data are subjected to a computer edit procedure for accuracy and consistency.

(1) Accuracy is verified by testing each data entry to see if it is a legitimate code. EXAMPLE: A Purpose of Visit Code "6" is an invalid code.

(2) Consistency is verified by correlating two data entries, each of which individually may be correct but viewed together are logically inconsistent. EXAMPLE: A code indicating World War I as a period of service, and 1930 indicated as the year of birth would constitute an error in consistency.

b. Two computer printout error listings are generated from this edit procedure:

(1) Individual Listings. This "Individual Outpatient Statistical Activity Record Error Analysis" indicates the particular errors on a single VA Form 10-2875-1 or 10-2875-2. It permits pinpointing the source of the error.

(2) Edit Analysis. The "Edit Error Analysis of the Individual Outpatient Statistical Record" indicates the percentile frequency of a particular error. It permits a quick determination of problem areas where recurring errors indicate a need for supervisory attention and possibly corrective action. This listing summarizes and compares on a monthly and cumulative basis the errors made by a given facility with those made by all facilities.

c. All errors in accuracy and consistency are denoted with an asterisk under the error. All errors identified by an asterisk indicate rejection of all data related to that submission and nonacceptance of that record for statistical purposes.

d. All errors designated by # (pound) sign indicate a coding procedure is being used which does not comply with coding instructions or that the contents of a data field are acceptable but are not in the most desirable form. These errors are corrected by the computer, and data related to the record are accepted for statistical purposes. Edit lines containing only # signs should not be repunched or resubmitted.

#### 5. PROGRAM MANAGEMENT

a. The Chief, Medical Administration Service, is responsible for ensuring that each error listing printout is reviewed and analyzed to determine the character, amount and source of repetitive errors.

- b. Corrective action should be taken to improve the quality of data recording and keypunching to reduce error percentage.
- c. Correction of all errors indicated by an asterisk on the individual listing and resubmission of all data is required.
- [d. Outpatient sample data in the file at the Austin DPC may be corrected by sending in a transaction with the correct information. The computer will check for duplicate date of visit, facility number, and Social Security number. It will then delete the information in the file and replace it with the new transaction.)

SUPPLEMENTARY INSTRUCTIONS FOR PREPARATION OF  
VA FORMS 10-2875-1 AND 10-2875-2 FOR SPECIAL SURVEY  
OF VETERANS RELATING TO EXPOSURE

1. PURPOSE: To provide additional instructions for preparing VA Forms 10-2875-1 and 10-2875-2 to obtain additional information on medical care provided to veterans alleging exposure to Agent Orange in Vietnam or to ionizing radiation in Hiroshima or Nagasaki or in nuclear tests. This information is needed for a recurring report to Congress (RCS 10-0582).

2. INSTRUCTIONS

a. For all VA Forms 10-2875-1 or 10-2875-2 prepared for veterans with VETERAN ELIGIBILITY codes 1 through 5. The SPECIAL SURVEYS SECTION is to be completed as follows:

IN BLOCK 1

O-No claim of service in Vietnam

1-Claims service in Vietnam

IN BLOCK 2

O-No claim of exposure to Agent Orange

1-Claims exposure to Agent Orange

*NOTE: When veteran's exposure is uncertain use code "1"*

IN BLOCK 3

O-No claim of exposure to ionizing radiation

1-Claims exposure to ionizing radiation in Hiroshima or Nagasaki

2-Claims exposure to ionizing radiation in nuclear testing

b. For all VA Forms 10-2875-1 or 10-2875-2 prepared for veterans receiving 10-10 examinations (code 2 in PURPOSE OF VISIT), when there is an entry other than "O" in BLOCKS 1 through 3 in the SPECIAL SURVEYS SECTION, indicate disposition in that section according to the following instructions:

IN BLOCK 5

0-Medical care not required.

1-Admission for hospital, nursing home or domiciliary care for a condition possibly related to exposure to Agent Orange in Vietnam.

2-Admission for hospital, nursing home or domiciliary care for a condition possibly related to exposure to ionizing radiation in Hiroshima or Nagasaki.

3-Admission for hospital, nursing home or domiciliary care for a condition possibly related to exposure to ionizing radiation in nuclear testing.

4-Admission to an outpatient program (PBC; OPT-SC; OPT-A&A; OPC-AHC; etc.) for a condition possibly related to exposure to Agent Orange in Vietnam.

5-Admission to an outpatient program for a condition possibly related to exposure to ionizing radiation in Hiroshima or Nagasaki.

6-Admission to an outpatient program for a condition possibly related to exposure to ionizing radiation in nuclear testing.

7-Admission to hospital, nursing home or domiciliary for a condition not related to exposure to either Agent Orange or ionizing radiation.

8-Admission to an outpatient program for a condition not related to exposure to either Agent Orange or ionizing radiation.

9-In need of outpatient care for a condition not related to exposure to either Agent Orange or ionizing radiation; referred to community resources.

c. For all VA Forms 10-2875-1 or 10-2875-2, other than code 2 in PURPOSE OF VISIT, where there is an entry other than "O" in BLOCKS 1 through 3 in the SPECIAL SURVEYS SECTION, indicate the following:

**IN BLOCK 7**

O-Receiving medical care for a condition other than one possibly related to exposure to Agent Orange or ionizing radiation.

1-Receiving medical care for a condition possibly related to exposure to Agent Orange in Vietnam.

2-Receiving medical care for a condition possibly related to exposure to ionizing radiation in Hiroshima or Nagasaki.

3-Receiving medical care for a condition possibly related to exposure to ionizing radiation in nuclear testing.

*NOTE: Complete either block 5 or block 7. Do not fill in both blocks.*

3. Those facilities having automated tabulating systems are not exempt from collecting and reporting the required data.

4. All VA Forms 10-2875-1 or 10-2875-2 containing an entry other than "O" in BLOCKS 1, 2, or 3 in the SPECIAL SURVEYS SECTION will be included in the 20 percent sampling of outpatient visits regardless of the terminal digit of the veteran's Social Security number.

*[NOTE: When the patient data card (VA Form IO-1124 series) shows a code for possible exposure to Agent Orange, this is not an indicator to automatically show disposition of the veteran's outpatient visit in the special survey section as requiring care for exposure to Agent Orange. The care provided during that outpatient visit must be related to exposure to Agent Orange in order for the visit to be coded as care rendered as possibly relating to exposure to Agent Orange.]*



**SUPPLEMENTARY INSTRUCTIONS FOR PREPARATION**  
**OF VA FORMS 10-2875-1 AND 10-2875-2 FOR**  
**COLLECTION OF DATA ON SPECIAL SERVICES**

1. **PURPOSE:** To provide additional instructions for preparing VA Forms 10-287S-1 and 10-2875-2 to obtain additional information on special services provided on an outpatient basis. This information is needed for resource allocation.

**2. INSTRUCTIONS**

a. For all VA Forms 10-2875-1 and 10-2875-2 prepared for all Categories of Visits, the appropriate block (or blocks) in the **SPECIAL SERVICES SECTION** [should be coded "O" for each] service listed [which is] provided [at the VA facility] as part of the outpatient visit:

**BLOCK 1-CAT (Computerized Axial Tomography) Scans**

**BLOCK 2-Radiation Therapy**

**BLOCK 3-Cancer Chemotherapy**

**BLOCK 4-Ambulatory Surgery**

**BLOCK 5-Blood or Blood Products Transfusion**

**BLOCK 6-NMR (Nuclear Magnetic Resonance) Scans**

b. The appropriate block(s) in the **SPECIAL SERVICES SECTION** will be completed in addition to checking the related Clinic Stop(s) on the Outpatient Routing Sheet.

3. All VA Forms 10-2875-1 or 10-2875-2 containing entries in the **SPECIAL SERVICES SECTION** will be included in the 20 percent sampling of outpatient visits regardless of the terminal digit of the patient's Social Security number.



[SUPPLEMENTARY INSTRUCTIONS FOR PREPARATION OF VA FORMS 10-2875-1 AND 10-2875-2 FOR COLLECTION OF MEANS TEST INFORMATION]

1. PURPOSE: To provide additional instructions for preparing VA Forms 10-2875-1 and 2875-2 to obtain additional information concerning the means test.

2. INSTRUCTIONS

a. For all VA Forms 10-2875-1 and 2875-2 prepared for all categories of visits, special survey blocks 8 and 9 will be completed with one of the following means test categories codes.

Code	Definition
AS	Category A service-connected veteran or special category veteran (Mexican Border War, Spanish American War, World War I veteran, former POW, Agent Orange, Ionizing Radiation)
AN	Category A non-service connected veteran (AN is used for NSC veterans who are required to complete the VA Form 10-10F and for NSC veterans in receipt of pension, aid and attendance or
BO	Category B veteran
CO	Category C veterans (pending adjudication)
NO	Non-veteran
XO	Not applicable
UO	Means Test not done/not completed

b. For all VA Forms 10-2875-1 and 2875-2 prepared for all category of visits, special services blocks 7 and 8 will be completed with the number of dependents for all veterans who are requested to complete a VA Form on 10-10F. For example, a veteran with two dependents will be coded 02. For veterans not required to complete VA Form 10-10f, the blocks 'II be filled with "xx."]